DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 04-002	2. STATE NEW MEXICO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE JUNE 1, 2004	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a)(10)(A)(ii)(XIII) of the ACT	7. FEDERAL BUDGET IMPACT: a. FFY 04 $ (100,000) b. FFY 05 $ (375,703)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A Pages 12m ~~and 12o~~	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 2.6- A pages 12m ~~and 12o~~ Supersedes 01-01 New Mexico (04-002) Approved: 06/22/04 Effective: 06/01/04

10. SUBJECT OF AMENDMENT:

Payment of Prremiums or Other Cost Sharing Charges

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED: State Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL: C. Ingram	16. RETURN TO: Carolyn Ingram, Director Medical Assistance Division 2025 S. Pacheco Street – ARK P.O. Box 2348 Santa Fe, NM 87504-2348
13. TYPED NAME: Carolyn Ingram	
14. TITLE: Director, Medical Assistance Division, HSD	
15. DATE SUBMITTED: ~~April 5, 2004~~ April 20, 2004	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 22 APRIL 2004	18. DATE APPROVED: 22 JUNE 2004
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 JUNE 2004	20. SIGNATURE OF REGIONAL OFFICIAL: Shirley Wysopal for Andrew A. Fredrickson
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

* Pen + Ink Change Made to show Correct Original submission date. (6/4/04)
** Pen + Ink change made in accordance w/ phone call w/ Becky Schwarz (6/15/04) CR

FORM HCFA-179 (07-92)

STATE New Mexico
DATE REC'D 4-22-04
DATE APPV'D 6-22-04
DATE EFF 6-1-04
HCFA 179 04-02

A

Revision:

ATTACHMENT 2.6-A
Page 12m
OMB No.:

State/Territory: **NEW MEXICO**

Citation	Condition or Requirement

1902(a)(10)(A)(ii)(XIII) (XV), (XVI), and 1916(g) of the Act

Payment of Premiums or Other Cost Sharing Charges

For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of Attachment 2.2-A:

__X__ The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied are described below:

Cost-sharing will be in the form of co-payments to be collected by providers at the time of service as follows:

$ 7 per outpatient visit, other practitioner visit, clinic visit, urgent care visit, outpatient therapy session or behavioral health session.
$ 7 per dental visit
$ 20 per emergency room visit
$ 30 per inpatient hospital admission
$ 5 per prescription, applies to prescription and nonprescription drug items

The state also has a maximum co-payment amount, after which the recipient will no longer have a co-payment requirement for the remainder of the calendar year. The co-payment maximum amounts are:
$600. for an individual with income under 100% of the Federal Poverty Income Guideline (FPL), and $1500. for an individual with income between 100% and 250% of the FPL.